

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | None |
| Suggested Group Art Unit:: | None |
| CD-ROM or CD-R:: | None |
| Sequence submission: | None |
| Computer Readable Form (CRF):: | None |
| Number of copies of CRF:: | None |
| Title:: | Apparatus and Method for an Ultrasonic Medical Device Operating in a Torsional Mode |
| Attorney Docket Number:: | 20563/2422 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 4 |
| Total Drawing Sheets:: | 11 |
| Small Entity:: | Yes |
| Petition Included:: | Yes |
| Secrecy Order in Patent | No |
| Application?:: | |

Applicant Information

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|-------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | USA |
| Status:: | Full Capacity |

Given Name:: Robert
Middle Name:: A.
Family Name:: Rabiner
City of Residence:: North Reading
State or Providence of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 14 Equestrian Drive
City of Mailing Address:: North Reading
State or Province of Mailing Address:: MA
Postal or Zip Code of Mailing Address:: 01864

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Bradley
Middle Name:: A.
Family Name:: Hare
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State or Providence of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: A-2 30 Worthen Street
City of Mailing Address:: Chelmsford
State or Province of Mailing Address:: MA
Postal or Zip Code of Mailing Address:: 01824

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Rebecca

Middle Name:: I.
Family Name:: Marciante
City of Residence:: North Reading
State or Providence of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 9 Green Street
City of Mailing Address:: North Reading
State or Province of Mailing Address:: USA
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Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Mark
Middle Name:: J.
Family Name:: Varady
City of Residence:: Andover
State or Providence of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 800 Bulfinch Drive, Apt. 308
City of Mailing Address:: Andover
State or Province of Mailing Address:: MA
Postal or Zip Code of Mailing Address:: 01810

Correspondence Information

Correspondence Customer Number:: 29934

Representative Information

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|-------------------------------------|-------|
| Representative Information Number:: | 29934 |
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Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This application | | | |
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Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
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Assignee Information

Assignee Name:: OmniSonics Medical Technologies, Inc.